

PROHIBITED PRACTICE COMPLAINT

See Ch. 12 of the Board's Rules

(File original and 1 copy with the Maine Labor Relations Board,
90 State House Station, Augusta, Maine 04333-0090.)

Name of Complainant

Name of Respondent

Address

Address

Telephone

Telephone

E-Mail (if available)

E-Mail (if available)

Name & Title of Complainant's Representative, if any.

Telephone / E-mail (if available)

- Complainant alleges that the Respondent, _____, has violated the following section(s) of the law (including subsection and paragraph, when appropriate): _____.
- The facts supporting this allegation have been set out in separate numbered paragraphs in the accompanying Concise Statement of Facts in accordance with Ch. 12, §5(4) of the Board's Rules. The Concise Statement of Facts consists of _____ page(s).
(# of pages)
- Complainant requests the following relief/remedy:

Signature of Complainant: _____
(or Representative)

Date Signed: _____

STATE OF MAINE _____,ss
(COUNTY)

_____, 20_____
(DATE)

Personally appeared before me, the undersigned authority at law, the above-named Complainant/Representative _____, who, under penalty of perjury, made oath that the foregoing prohibited practice complaint including the accompanying Concise Statement of Facts is true to the best of his/her information and belief.

Notary Public